DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED 11/03/2011
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445108	A. BUILDING 01 - MAIN BUILDING 01 B. WING	10/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, MURFREESBORO	420 N UNIVERSITY ST MURFREESBORO, TN 37130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 10/31/16. During this Life Safety Survey, NHC of Murfreesboro was found not in substancial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2000. The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by:	K 000	*This Plan of Correction is submitted as required under State and Federal Law and does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity regarding the deficiency cited are correctly applied.*	
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least 1/2 hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2, 19.3.6.4, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain corridor walls. The findings included:	K 017	**Plan of Correction K 017** The penetrations cited were filled on 12/02/16. Firestop Technologies, Inc. have been contacted and are on site to correct fire stopping holes in the corridor walls above the ceiling at Room 219. 12/02/16 The ongoing Quality Assurance, Administrator and Director of Maintenance reviewed the scope of all K-tag on the survey. Maintenance Director will in-service all plant operation staff regarding each tag. Maintenance Director will incorporate issues regarding wall penetrations in the center's ongoing maintenance logs. Maintenance will be doing semi-annual fire wall penetrations. Maintenance Director will also review the cited tags with any contractors that will provide any work at the center. 12/02/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lynn Foster — TITLE: Administrator — (X6) DATE: 11/7/16

...y deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ...er safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ...lowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ...ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ...rogram participation. 11/21/16 LF

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K 017	Continued From page 1 Observation on 10/31/16 at 12:31 PM, revealed the following holes in the corridor walls above the ceiling at room 219: a. 3 " x3 " b. 6 " x4 " c. 2 " x2 " NFPA 101, 19.3.6.2.1 (2000 Edition) Maintenance staff was present when the deficiencies were identified, and acknowledged by the administrator during the exit conference on 10/31/16.	K 017	Firestop Technologies will be contacted if any new areas need to be reviewed and will maintain any new or damaged penetrations in the future. A log of UL Systems will be used and add any systems or engineering judgements not included in systems book. **(End POC K 017)**	**12/02/16**
K 018 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain corridor doors. The findings included:	K 018	**Plan of Correction K 018** Wm. S. Trimble Company, Inc. has been contracted and is on site to replace the door across from the 2 East Dining Room and the door in the equipment room by the 2 East Dining Room. **12/15/16** The 2 East Shower Room door will be replaced with a door latch. **12/15/16** The Penetration in the 2 West clean linen Room by 233 will be repaired. **12/02/16** The patient room corridor door 128 will be repaired by replacing a fire rated strip to provide no gaps in the corridor door. **12/15/16** The cross corridor door has been replaced by Wm. S. Trimble Company. **12/15/16** **(End POC K 018)**	

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K 018	Continued From page 2 1. Observation on 10/31/16 at 10:49 AM, revealed penetrations in the restroom door across from the 2 East dining room. NFPA 101, 19.3.6.3 (2000 Edition) 2. Observation on 10/31/16 at 10:50 AM, revealed penetrations in the equipment room next to the 2 East dining room. NFPA 101, 19.3.6.3 (2000 Edition) 4. Observation on 10/31/16 at 11:21 AM, revealed the 2East shower room door did not latch within the frame. NFPA 101, 19.3.6.3.2 (2000 Edition) 5. Observation on 10/31/16 at 11:28 AM, revealed penetrations in the 2West clean linen room door by room 233. NFPA 101, 19.3.6.3 (2000 Edition) 6. Observation on 10/31/16 at 11:29 AM, revealed patient room corridor door 128 had a top gap of over 1/2 inch. NFPA 101, 19.3.6.3 (2000 Edition) 7. Observation and testing of the fire alarm system on 10/31/16 at 1:00 PM, revealed a cross corridor door (1 of 2) did not latch within the frame when released upon alarm activation. NFPA 101, 19.3.6.3 (2000 Edition) Maintenance staff was present when the deficiencies were identified, and acknowledged by the administrator during the exit conference on 10/31/16.	K 018	The ongoing Quality Assurance, Administrator and Director of Maintenance reviewed the scope of all K-tag on the survey. Maintenance Director will in-service all plant operation staff regarding each tag. Maintenance Director will incorporate issues regarding doors and door penetrations in the center's ongoing maintenance logs. Inspections will be done monthly and recorded in the maintenance log.	12/15/16
K 020 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction	K 020		

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K 020	Continued From page 3 having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5, 8.2.5.6, 19.3.1.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the elevator shaft. The finding included: Observation on 10/31/16 at 10:03 AM, revealed a 3 inch hydraulic steel pipe not sealed penetrating the shaft masonry wall in the basement elevator shaft. NFPA 101, 19.3.1 (2000 Edition) Maintenance staff was present when this deficiency was identified and was later acknowledged by the administrator during the exit conference on 10/31/16.	K 020	**Plan of Correction K 020** Fire Stop Technology will correct the sealing penetration of the shaft masonry wall in the basement elevator shaft. The ongoing Quality Assurance, Administrator and Director of Maintenance reviewed the scope of all K-tag on the survey. Maintenance Director will in-service all plant operation staff regarding each tag. Maintenance Director will incorporate issues regarding wall penetrations in the center's ongoing maintenance logs. Maintenance will be doing semi-annual fire wall penetrations inspections every 6 months. Maintenance Director will also review the cited tags with any contractors that will provide any work at the center. Firestop Technologies will be contacted if any new areas need to be reviewed and will maintain any new or damaged penetrations in the future. A log of UL Systems will be used and add any systems or engineering judgements not included in systems book. (end POC K020)	12/02/16
K 021 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure are self-closing and kept in the closed position, unless held open by as release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: (a) The required manual fire alarm system and (b) Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system and (c) The automatic sprinkler system, if installed 18.2.2.2.6, 18.3.1.2, 19.2.2.2.6, 19.3.1.2, 7.2.1.8.2 Door assemblies in vertical openings are of an approved type with appropriate fire protection rating. 8.2.3.2.3.1	K 021		

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K 021	Continued From page 4 Boiler rooms, heater rooms, and mechanical equipment rooms doors are kept closed. This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the cross corridor smoke doors. The findings included: Observation and testing of the fire alarm system on 10/31/16 at 1:00 PM, revealed a cross corridor door (1 of 2) 2nd floor by West nurses station did not latch within the frame when realeased upon alarm activation. NFPA 101, 4.6.12.1 (2000 Edition), NFPA 101, 8.3.4.3* (2000 Edition), Maintenance staff was present when the deficiencies were identified, and acknowledged by the administrator during the exit conference on 10/31/16.	K 021	**Plan of Correction K 021** The Fire doors on 2nd floor by West Nurse's Station have been replaced by Wm. S. Trimble Company on 11/17/16. The ongoing Quality Assurance, Administrator and Director of Maintenance reviewed the scope of all K-tag on the survey. Maintenance Director will in-service all plant operation staff regarding each tag. Maintenance Director will incorporate issues regarding doors and door penetrations in the center's ongoing maintenance logs. Inspections will be done monthly and recorded in the maintenance log. (End POC K 021)	11/17/16
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the hazardous areas. The finding included:	K 029	**Plan of Correction K 029** The penetrations in the basement boiler room masonry walls were repaired by Fire Stop Technologies. Assurance, Administrator and Director of Maintenance reviewed the scope of all K-tag on the survey. Maintenance Director will in-service all plant operation staff regarding each tag. Maintenance Director will incorporate issues regarding wall penetrations in the center's ongoing maintenance logs. Maintenance will be doing semi-annual fire wall penetrations. Maintenance Director will also review the cited tags with any contractors that will provide any work at the center. Firestop Technologies will be contacted if any	11/18/16

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K 029	Continued From page 5 Observation on 10/31/16 at 10:12 AM, revealed multiple penetrations not sealed in the basement boiler room masonry walls. NFPA 101, 19.3.2.1 (2000 Edition) Maintenance staff was present when the deficiency was identified and was later acknowledged by the administrator during the exit conference on 10/31/16.	K 029	new areas need to be reviewed and will maintain any new or damaged penetrations in the future. A log of UL Systems will be used and add any systems or engineering judgements not included in systems book. **(End POC K 029)**	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the exits. The findings included: Observation on 10/31/16 at 12:55 PM, revealed exit door by room 161 was locked by 2 locking arrangements (thumb latch and magnetic lock). NFPA 101, 7.2.1.5.4 (2000 Edition) Maintenance staff was present when the deficiencies were identified, and acknowledged by the administrator during the exit conference on 10/31/16.	K 038	**Plan of Correction K038** The exit door by Room 161 lock will be removed to prevent 2 locks to be on the door. **12/15/16** **Plan of Correction K038** The exit door by Room 161 lock will be removed to prevent 2 locks to be on the door. The ongoing Quality Assurance, Administrator and Director of Maintenance reviewed the scope of all K-tag on the survey. Maintenance Director will in-service all plant operation staff regarding each tag. Maintenance Director will incorporate issues regarding doors in the center's ongoing maintenance logs. Inspections will be done monthly and recorded in the maintenance log.	
K 054 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Based on observations, the facility failed to	K 054	**12/15/16**	

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K 054	Continued From page 6 maintain the smoke detectors. The findings included: Observation on 10/31/16 at 11:39 AM, revealed the smoke detectors within 3 feet of an air flow in the following locations: a. Ice machine room next to the 2West elevator b. Basement laundry room (dryer side) c. Fire alarm room. NFPA 101, 19.3.4.5.1 (2000 Edition) NFPA 101, 9.6.1.7 (2000 Edition) NFPA 72, 2-3.5.1 (1999 Edition) Maintenance staff was present when the deficiencies were identified, and acknowledged by the administrator during the exit conference on 10/31/16.	K 054	**Plan of Correction K054** The smoke detector in the ice room next to the 2 West elevator was moved to not be within 3 feet of an air flow. The A/C vent was moved in the basement laundry room (dryer side). The air conditioner vent will be moved to not be within 3 feet of air flow. As part of the center's ongoing Quality Assurance, Administrator and Director of Maintenance reviewed the scope of all K-tag on the survey. Maintenance Director will in-service all plant operation staff regarding each tag. Maintenance Director will incorporate issues in the center's ongoing maintenance logs. Maintenance will do quarterly inspections of smoke detectors and Simplex Grinnell will maintain yearly inspections. Maintenance Director will also review the cited tags with the sprinkler vendors that conduct the center's required inspections. End POC K054)	11/21/16 11/21/16 12/02/16 12/02/16
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the sprinkler system. The findings included: 1. Observation on 10/31/16 at 10:14 AM, revealed corroded sprinklers in the following locations: a. Sump Pump room (2) b. Area behind commercial dryers (1) c. Down stairs boiler room (1). NFPA 101, 19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1 (2000 Edition), NFPA 13, 12-1 (1999 Edition), NFPA 25, 2-2.1.1 (1998 Edition)	K 062		

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K 062	Continued From page 7 2. Observation on 10/31/16 at 11:10 AM, revealed storage within 18 inches of sprinklers in the following patient room closets: 103, 109, 113, and 114. NFPA 101, 19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1 (2000 Edition), NFPA 13, 5-5.6 (1999 Edition), 3. Observation on 10/31/16 at 11:30 AM, revealed a damaged sprinklers in the following locations: a. Closet 104 b. 1 Formal east dining room c. 1 East activity room d. Patient room 136. NFPA 101, 19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1 (2000 Edition), NFPA 13, 12-1 (1999 Edition), NFPA 25, 2-2.1.1 (1998 Edition) 4. Observation on 10/31/16 at 11:41 AM, revealed an escutcheon plate missing from the sprinkler in room 234. NFPA 101, 19.3.5.1 (2000 Edition) NFPA 101, 9.7.1.1 (2000 Edition) NFPA 13, 3-2.7.2 (1999 Edition) 5. Observation on 10/31/16 at 11:49 AM, revealed the Bell Street wall mounted Post Indicator Valve ' s position indicator was illegible. NFPA 101, 19.3.5.1 (2000 Edition) NFPA 101, 9.7.1.1 (2000 Edition) NFPA 13, 12-1 (1999 Edition) NFPA 25, 9-3.3.2 (1998 Edition) 6. Observation on 10/31/16 at 12:31 PM, revealed a metal clad wire being supported by the sprinkler pipe above the ceiling at the cross corridor wall by 219. NFPA 101, 19.3.5.1 (2000 Edition) NFPA 101, 9.7.1.1 (2000 Edition) NFPA 13, 12-1 (1999 Edition) NFPA 25, 2-2.2 (1998 Edition)	K 062	**Plan of Correction K062** 2.) Patient Rooms 103, 109 and 113 the closets were removed of any storage within 18" of sprinklers. **11/16/16** 3.) Simplx Grinnell will replace the damaged sprinklers in the following locations: closet 104, 1 East Formal Dining Room, 1 East Activity Room, Patient Room 136 **12/15/16** 4.) Simplex Grinnell will replace the missing escutcheon plate from the sprinkler in room 234. **12/15/16** 5.) The Post Indicator Value's position on Bell Street wall mounted will be replaced by Simplex Grinnell. **12/15/16** 6.) Simplex Grinnell will repair the metal clad wire supported by the sprinkler pipe above the ceiling at the cross corridor wall by 2/9/17. **12/15/16** 7.) Simplex Grinnell will repair sprinkler in the stair well on the first floor landing on 1 East. **12/15/16** 8.) The sprinkler deflection in Room 121 will be replaced by Simplex Grinnell. **12/15/16** 9.) The shower curtains in patient rooms 150-165 were removed to allow sprinkler spray access. **12/15/16** As part of the center's ongoing Quality Assurance, Administrator and Director of Maintenance reviewed the scope of all K-tag on the survey. Maintenance Director will in- **12/15/16**	

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K 062	Continued From page 8 7. Observation on 10/31/16 at 12:32 PM, revealed a sprinkler out of correct orientation in the stairwell first floor landing (1 east). NFPA 101, 19.3.5.1 (2000 Edition) NFPA 101, 9.7.1.1 (2000 Edition) NFPA 13, 12-1 (1999 Edition) NFPA 25, 2-2.1.1 (1998 Edition) 8. Observation on 10/31/16 at 12:32 PM, revealed a sprinkler deflector covered with sheetrock mud in the closet of patient room 121. NFPA 101, 19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1 (2000 Edition), NFPA 13, 12-1 (1999 Edition), NFPA 25, 2-2.1.1 (1998 Edition) 9. Observation on 10/31/16 at 12:35 PM-12:45 PM, revealed shower curtains obstructing sprinkler spray pattern in the bathrooms of patient rooms 150-165. NFPA 101, 19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1 (2000 Edition), NFPA 13, Table 5-6.5.1.2(1999 Edition), Maintenance staff was present when the deficiencies were identified, and acknowledged by the administrator during the exit conference on 10/31/16.	K 062	service all plant operation staff regarding each tag. Maintenance Director will incorporate issues regarding sprinkler heads in the center's ongoing maintenance logs. Maintenance will perform quarterly sprinkler inspections and Simplex Grinnell will provide annual inspections. Maintenance Director will also review the cited tags with the sprinkler vendors that conduct the center's required inspections. (end POC K062)	12/15/16
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers shall be installed, inspected, and maintained in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6, 19.3.5.6 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the portable fire extinguishers. The finding inlcuded:	K 064	**Plan of Correction K064** The portable fire extinguisher was removed that was sitting on the cabinet in the outpatient therapy room. As part of the center's ongoing Quality Assurance, Administrator and Director of Maintenance reviewed the scope of all K-tag on the survey. Maintenance Director will in-service all plant operations staff regarding each tag. Maintenance Director will monitor monthly all areas to prevent any fire extinguishers to be placed in correct areas.	11/16/16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445108	A. BUILDING 01 - MAIN BUILDING 01 B. WING	10/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, MURFREESBORO	420 N UNIVERSITY ST MURFREESBORO, TN 37130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 064	Continued From page 9 Observation on 10/31/16 at 11:31 AM, revealed a portable fire extinguisher not secured (sitting on a cabinet) in the outpatient therapy room (pediatric). NFPA 101, 19.3.5.6 (2000 Edition), NFPA 101, 9.7.4.1(2000 Edition), NFPA 10, 4-3.1(1998 Edition) Maintenance staff was present when this deficiency was identified and was later acknowledged by the administrator during the exit conference on 10/31/16.	K 064		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to protect the kitchen equipment. The finding included: Observation and interview with kitchen staff member 1 on 10/31/16 at 10:57 AM, revealed the staff member was not familiar with procedures in event of manual activation of the kitchen hood suppression system in the event of a fire. NFPA 101, 19.3.2.6 (2000 Edition), NFPA 101, 9.2.3 (2000 Edition), NFPA 96, 8-1.4 (1998 Edition) Maintenance staff was present when this deficiency was identified and was later acknowledged by the administrator during the exit conference on 10/31/16.	K 069	**Plan of Correction K069** The Dietary Partner was in-serviced on the procedures in the event of manual activation of the kitchen hood suppression system in the event of a fire. The ongoing Quality Assurance, Administrator and Director of Maintenance reviewed the scope of all K-tag on the survey. Maintenance Director will in-service all plant operation staff regarding each tag. Maintenance Director and the Dietary manager will in-service the Dietary Staff and any new staff upon hire of correct procedures of the kitchen hood suppression system in the event of a fire.	11/01/16
K 073 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Combustible decorations shall be prohibited unless they are flame-retardant or in such limited	K 073		

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NHC HEALTHCARE, MURFREESBORO	420 N UNIVERSITY ST MURFREESBORO, TN 37130

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K 073	Continued From page 10 quantity that hazard of fire development or spread is not present. 18.7.5.4, 19.7.5.4 This STANDARD is not met as evidenced by: Based on observations and document review, the facility failed to prohibit combustible decorations. The finding inlcuded: Observation on 10/31/16 at 11:22 AM- 12:00 PM, revealed combustible door decorations throughout the facility that were not treated with flame retardant. NFPA 101, 19.7.5.4 (2000 Edition) Maintenance staff was present when this deficiency was identified and was later acknowledged by the administrator during the exit conference on 10/31/16.	K 073	**Plan of Correction K073** Maintenance Director has ordered Fire Retardant material to treat door decorations. As part of the center's ongoing Quality Assurance, Administrator and Director of Maintenance reviewed the scope of all K-tag on the survey. Maintenance Director will in-service all plant operation staff regarding each tag. Maintenance Director will incorporate issues regarding door decorations in the center's ongoing maintenance logs. Policy will be in-serviced with staff and Families on Combustible decorations.	12/15/16
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observation and document review, the facility failed to maintain the electrical system. The findings included: 1. Document review on 10/31/16 at 10:30 AM, revealed the facility failed to conduct an annual 1 ½ hour generator load bank test during 2015. NFPA 101, 19.5.1 (2000 Edition) NFPA 101, 9.1.3 (2000 Edition) NFPA 110, 6-4.2.2 (1999 Edition) 2. Observation on 10/31/16 at 12:25 PM, revealed a junction box missing its faceplate above the	K 147	**Plan of Correction K147** Nixon Power has been contacted and will conduct an annual ½ hour generator load bank test. 12/15/16 The Junction box faceplate above the ceiling at the cross corridor wall was replaced in the 1 East Activity Room. 11/16/16 In the Fire Alarm Room the med carts were removed that were obstructing the electrical panels. A sign will be attached stating nothing to be in front of electrical panels. 11/17/16	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, MURFREESBORO	420 N UNIVERSITY ST MURFREESBORO, TN 37130

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K 147	Continued From page 11 ceiling at the cross corridor wall by the 1East activity room. NFPA 101, 19.5.1 (2000 Edition), NFPA 101, 9.1.2 (2000 Edition), NFPA 70, 370-28(c) (1999 Edition) 3. Observation on 10/31/16 at 12:27 PM, revealed electrical panels obstructed by carts in the Fire Alarm room. NFPA 101, 19.5.1 (2000 Edition), NFPA 101, 9.1.2 (2000 Edition), NFPA 70, 110-26 (1999 Edition), Maintenance staff was present when the deficiencies were identified, and acknowledged by the administrator during the exit conference on 10/31/16.	K 147	As part of the center's ongoing Quality Assurance, Administrator and Director of Maintenance reviewed the scope of all K-tag on the survey. Maintenance Director will in-service all plant operation staff regarding each tag. Maintenance Director will incorporate issues regarding Generator requirements in the center's ongoing maintenance logs. Maintenance Director will also review the cited tags with the generator vendors that conduct the center's required inspections. A planned Maintenance Agreement has been signed with Nixon Power Services, LLC for a Semi-Annual Service Agreement and a Load bank Resistive Test.	12/15/16